

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator **MURPHY OPERATING CORPORATION**

Address **P. O. Box 2648, Roswell, New Mexico 88202-2648**

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	Other (Please explain) Change in oil transporter effective March 1, 1987
<input type="checkbox"/> Recompletion	<input checked="" type="checkbox"/> Oil	
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate	

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

shut-in

Lease Name Bluitt San Andres Unit Section 24	Well No. 1	Pool Name, including Formation Bluitt San Andres Assoc.	Kind of Lease State, Federal or Fee Federal NM	Lease No 0137105
Location Unit Letter A : 660 Feet From The North Line and 660 Feet From The East Line of Section 24 Township 8 South Range 37 East , NMPM, Roosevelt County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> PRIDE PIPELINE COMPANY	Address (Give address to which approved copy of this form is to be sent) P. O. Drawer 2948, Midland, Texas 79702
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	A 24 8-S 37-E

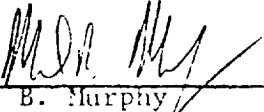
If this production is commingled with that from any other lease or pool, give commingling order number: _____

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

MURPHY OPERATING CORPORATION


Mark B. Murphy (Signature)
President (Title)
February 19, 1987 (Date)

OIL CONSERVATION DIVISION

APPROVED **FEB 24 1987**, 19____
BY **ORIGINAL SIGNED BY JERRY SEXTON**
TITLE **DISTRICT 1 SUPERVISOR**

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepen well, this form must be accompanied by a tabulation of the deviated tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiple completed wells.

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OPERATOR	GAS
PRORATION OFFICE	

I. Operator **MURPHY OPERATING CORPORATION**

Address **P. O. Drawer 2648, Roswell, New Mexico 88201**

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	Other (Please explain)
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	CHANGE OF WELL NAME AND NUMBER
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	EFFECTIVE January 1, 1986
	<input type="checkbox"/> Dry Gas	(formerly McCaw Federal #1)
	<input type="checkbox"/> Condensate	

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name BLUITT SAN ANDRES UNIT SECTION 24	Well No. 1	Pool Name, including Formation BLUITT SAN ANDRES ASSOCIATED	Kind of Lease Producing	Lease No. FEDERAL NM-0137105
Location				
Unit Letter A : 660 Feet From The North Line and 660 Feet From The East				
Line of Section 24 Township 8 South Range 37 East , NMPM, ROOSEVELT County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
MOBIL OIL CORPORATION	P. O. Box 900, Dallas, Texas 75221
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
OXY CITIES SERVICE NGL, INC.	P. O. Box 300, Tulsa, Oklahoma 74102
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit A Sec. 24 Twp. 8-S Rge. 37-E	yes 8-15-69

If this production is commingled with that from any other lease or pool, give commingling order number: _____

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

MURPHY OPERATING CORPORATION

Leis N. Brown
Leis N. Brown (Signature)
Production Clerk (Title)
January 20, 1986 (Date)

OIL CONSERVATION DIVISION
APPROVED **FEB 24 1986**, 19_____
BY **Eddie W. Seay**
TITLE **Oil & Gas Inspector**

This form is to be filed in compliance with RULE 1104.
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